



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COLUMBUS REGIONAL HOSPITAL

City of Hospital: Columbus

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Sandi Mobley

Email Address: smobley@crh.org

Medicare Provider Number: 15-0112

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$346175009
Outpatient Patient Service Revenue	\$482677085
Total Gross Patient Service Revenue	\$828852094

2. Deductions From Revenue

Contractual Allowance	\$404625568
Other Deductions	\$6728004
Total Deductions	\$411353572

3. Total Operating Revenue

Net Patient Service Revenue	\$417498522
Other Operating Revenue	\$5800445
Total Operating Revenue	\$423298967

4. Operating Expenses

Salaries and Wages	\$121550335	Employee Benefits	\$32022546
Depreciation and Amortization	\$20330408	Interest Expense	\$1712638
Bad Debt	\$11206010	Other Expenses	\$235758500
Total Operating Expenses	\$422580437		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$718530	Total Assets	\$469350673
Net Non-operating Gains over Loss	\$16207239	Total Liabilities	\$128747817

Total Net Gains	\$16925769
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$352168707	\$235870084	\$116298623
Medicaid	\$154970016	\$69364692	\$85605324
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$321713371	\$106118796	\$215594575
Total	\$828852094	\$411353572	\$417498522

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$531175	\$-531175

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$706399	\$1739007	\$-1032608
Hospital Patients	\$207575	\$411123	\$-203548
Community Education	\$0	\$589768	\$-589768

Number of Medical Professionals Trained	240
Number of Hospital Patients Educated	2904
Number of Citizens Exposed to Health Education Messages	45383

Statement Six: Charity Statement

Hospital Charity Charges	\$11898033
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4831791	
HCI Payments	\$0		
Subtotal	\$0	\$4831791	\$-4831791
Medicaid Shortfalls	\$13120773	\$39779516	
Subtotal	\$13120773	\$39779516	\$-26658743
DSH Payments	\$10,726,659		
Subtotal	\$23847432	\$39779516	\$-15932084
Medicare Shortfalls	\$88900024	\$127995504	
Other Government Programs	\$0	\$0	
Total	\$112747456	\$167775020	\$-55027564

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$2246562	\$-2246562
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$230555	\$-230555
Other Allocations	\$0	\$0	\$0

Comments

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